



The North Review of Drink Driving – February 2010 **Consultation response from Alcohol Focus Scotland**

Introduction

Alcohol Focus Scotland (AFS) is the national Scottish charity solely dedicated to raising awareness of, and reducing the significant health and social harm caused by alcohol misuse. Our long term aim is to achieve culture change in Scotland where far fewer lives are affected by alcohol misuse, and moderate, responsible drinking is the norm.

We will achieve this by influencing government and policy, providing accurate information to the public and professionals, changing attitudes towards drunkenness, training people in how to recognise and provide help to people to overcome alcohol problems, and by working in partnership with other organisations on specific projects.

Our vision is a Scotland where moderate, responsible drinking is the norm as stated in our mission statement:-

Alcohol Focus Scotland is aiming to create a Scotland:

- where moderate, responsible drinking is the norm, and drunkenness has become socially unacceptable
- where town and city centres are free from alcohol-fuelled disorder and violence
- where fewer families break up and have children taken into care because of parental drinking
- where people who do develop alcohol problems can access appropriate treatment and support quickly and effectively
- where all alcohol producers and retailers take their legal and social responsibilities seriously
- where significantly fewer Scots have their lives cut short by alcohol misuse

Alcohol Focus Scotland will respond specifically to the ***Alcohol*** section of the consultation.

Introduction

Currently, the UK Government's strategy on drink driving has five objectives as follows:

- To reduce drink-related casualties to the minimum possible level.
- To make drink driving socially unacceptable.
- To deter as many potential drink drivers as possible.
- To catch those who do drive impaired and keep them away from driving.
- To abate re-offending by influencing convicted drink driver's behaviour.

There is now strong researched evidence to support the need for a reduction in the drink drive limit of 80mg per 100ml of blood to 50mg. Alcohol Focus Scotland fully supports this and believes that the evidence would help the Government achieve its objective in reducing drink-related casualties.

Effective drink driving policies rely on drivers recognising that they are likely to be caught. Random breath testing which is widely used in other countries is essential to achieve this. Alcohol Focus Scotland therefore urges the Government to amend the law to provide police with the power for stopping vehicles at random and breathalysing.

*"I have treated far too many casualties following drink-drive crashes, many of whom have been innocent victims due to an irresponsible motorist driving whilst over the legal limit. As a doctor I do my best to treat these patients but often they are left with permanent physical injuries and sometimes brain damage. These are tragic occurrences which occur all too frequently."*¹ BMA Member.

¹ Alcohol Misuse: Tackling the UK epidemic. British Medical Association, February 2008.

The current drink driving regime

1. Do you think that the current prescribed blood alcohol limit of 80mg/100ml should be reduced to 50mg/100ml or less?

1.1 Alcohol Focus Scotland fully supports a reduction in the drink drive limit of 80mg per 100ml of blood to 50mg.

1.2 The current blood alcohol limit of 80mg per 100ml of blood was introduced in 1967. Most other European countries have a blood alcohol limit of 50mg per 100ml of blood. There is no evidence to support retaining the limit at 80mg.

1.3 AFS supports the call by organisations, such as the British Medical Association, the Association of Chief Police Officers in Scotland, the Royal Society for the Prevention of Accidents for a reduction in the drink driving limit to 50mg per 100ml.²

1.4 On 18th December 2008, a Scottish Government motion was debated in Scottish Parliament, that one in nine road deaths in Scotland is related to drink driving and called on the UK Government to reduce the 80mg limit to 50mg. This motion was supported by a majority vote.

2. Do you think that the current penalty regime for drink driving offences is sufficient?

2.1 Our view is that the current penalty regime is comprehensive with the possibility of custodial sentences, monetary fines, driving bans and penalty points set according to the degree of severity of the offence committed. However, it seems that there is a lack of transparency in respect of what factors are taken into account when members of the judiciary decide on the level of penalty for each individual on a case by case basis. Although, AFS acknowledges that the personal circumstances of each individual must be taken into account, there seems to be a lack of consistency in this regard and AFS would look for this deficiency to be addressed.

2.2 AFS would ask for the increased awareness and access for the alternatives such as drink driving rehabilitation programmes when the judiciary is deciding the penalties to be enforced against individuals who are charged with drink driving offences

3. Do you think that the current penalty regime is effective in tackling repeat offenders? How do you think repeat offenders should be dealt with?

3.1 Although the numbers of drink driving offences has decreased over the last two decades there are still those who re-offend that would suggest that the current penalty regime is not effective.

² Changing Scotland's relationship with alcohol: a discussion paper on our strategic approach. Scottish Government, June 2008.

3.2 In terms of re-offending research examining the success of drink drive rehabilitation schemes, shows that after 72 months, non-course offenders are nearly two and a half times more likely to re-offend in comparison to offenders who have undertaken the course – with similar rates still, six years after initial conviction.³ These programmes should be more accessible to those who re-offend.

3.3 The immediate confiscation of driving licenses of drivers who have failed breath test and are high risk offenders may be another way of stopping these offenders from driving until their case is called to court.

3.4 International evidence suggests that licence loss can be effective for both alcohol involved and non-alcohol involved accidents. (Babor, Ref 2).

3.5 Repeat offenders can also be rehabilitated through enforcement using alcohol ignition interlock schemes (although some might argue the costs are disproportionate) these devices have been proven to be effective for high-risk repeat offenders, but testing has mainly been in Canada and the USA.

4. What other measures (other than stricter limits) do you consider could be effective in addressing drink driving?

4.1 **Rehabilitation** - Increased awareness and easier access to current drink drive rehabilitation courses that educate people on alcohol and its effects on drivers.

4.2 The Department for Transport monitored people who had been convicted for drinking and driving and found that “nearly two and half times more non-course attendees than course attendees had re-offended (17.9% as compared with 7.6%) (TRL report 574 2003)

4.3 **High Risk Offender Schemes** – The introduction of high risk offenders’ scheme should be further publicised and made more widely available.

4.4 **Alcohol Interlock programmes** – Consideration for the introduction of alcohol interlock programmes where convicted drink drivers can choose to have a reduction in the period of licence suspension if they fit an immobilisation device to their car. The device locks the car's ignition if the driver fails a series of alcohol breath tests.

4.5 **Random Breath Testing** – There is international evidence⁴ to support the use of random breath testing as a deterrent to drink driving. The evidence is quite strong that highly visible, non-selective testing can have a sustained effect in reducing drinking-driving and the associated crashes, injuries and deaths. Whilst not necessarily increasing the numbers of arrests, the impact can be wide reaching because the heightened perception of being stopped and caught, at any time acts as a deterrent and contributes to a reduction in accidents.

4.6 The Scottish Government recently conducted research which indicated that a hard core of persistent drink drivers continue with this behaviour because they

³ Road Safety Research – Compendium of Research Projects 2005/2006. Department for Transport, July 2006.

Reconvictions of Drink/Drive Course Attenders: a Six Year Follow Up. TRL Report TRL574, 2003.

⁴ Alcohol: No Ordinary Commodity – Research and Public Policy. Babor et al, 2003. Sponsored by the World Health Organisation to bring together international evidence based alcohol policy.

consider the risk of being caught to be very low.⁵ This being the case random breath testing and enhanced high profile and highly visible policing should be implemented.

4.7 Social Norms Campaign – Implementation of a social norms program that corrects the misperception that most people sometimes drive under the influence of alcohol. Greater efforts should be implemented to help people choose not to drink and drive these could include measures such as a reduction in the cost of soft drinks or low alcohol drinks in pubs and restaurants or the improvement of public transport in both cities and rural areas.

4.8 Education – The publicity campaigns that have been in place since the late 1970s have changed public knowledge and attitudes but we would call for the continued long term publicity that is essential if drinking and driving is to be eradicated. This requires a drip, drip method at different times throughout the year addressing different social issues.

5. Do you think that the current law is adequately enforced by the police? Do you think the police should have greater powers to stop drivers to test if they are impaired or over the limit (eg random testing)?

5.1 Without having access to statistics that indicate enforcement practice and results of the 8 Police Forces in Scotland we do not feel confident to answer part one of this question.

5.2 We would however agree with random breath testing which would send a message to those who choose to drink and drive that there is a strong chance that they will be detected and prosecuted.

6. What is your view of the Government's drink and drug drive message and the relationship between that message and the law?

6.1 AFS are of the opinion that government campaigns such as festive campaigns with messages that state for example that Scotland has got tougher on drink-driving require to be backed by the enforcement of the Police and that this message should be carried through into the judiciary system.

6.2 Media campaigns will only have impact if the message that is being communicated is backed wholeheartedly by enforcement and is seen to be carried out. The new enforcement in Scotland means drivers caught drink-driving for a second time can have their vehicle taken away for good is an example of this.

⁵ Drink Driving: Prevalence, Decision Making and Attitudes. Scottish Government 2008.

A new offence

7. If the blood alcohol limit were to be reduced, do you think that the penalty attached to a lower limit should be changed?

7.1 AFS' view is that the penalties for exceeding the current drink drive limit of 80 mg should be applied to the lower limit of 50 mg. The consumption of alcohol impairs your speed of judgment and reaction. The driver with a lower blood alcohol count is still a risk to others therefore the penalty should not be changed,

8. Do you think there that different prescribed limit (or limits) should be imposed on different classes of drivers and riders (eg novice drivers, drivers of Public Service Vehicles (eg buses and coaches), HGVs and those driving for hire or reward)?

8.1 AFS are of the opinion that anyone falling into the above categories should have different prescribed limits to normal drivers.

8.2 Those who drive public service vehicles, HGV or are driving for reward should not drink whilst performing their work duties. This should be reinforced through Alcohol and Drug Policies in the workplace.

8.3 In terms of novice drivers aged 17-20 AFS would support different prescribed limits on different classes of drivers.

8.4 We support the call from the Chief Medical Officer (Annual Report 2008) for a reduction in the legal blood limit to zero. Road accidents are the leading cause of death among 16-18 year olds – the 2005 figures showing that 1,080 drivers aged 17-19 had drink drive accidents.

8.5 Zero limits for young and novice drivers are already in force in 14 European countries, as well as in a number of Canadian provinces and Australian states. Changing the UK limit would reduce the risk of crashing for young drivers which is two and a half times more than for older drivers.

9. Do you think that there is a case for immediate suspension of a person's driving licence where that person fails a breath test?

9.1 As stated in our response to question 3 we believe that there is a case for the immediate confiscation of driving licenses of drivers who have failed breath test and are high risk offenders.

The current procedures

10. Do you think that the right (under s8(2) of the Road Traffic Act 1988) to have a breath specimen replaced with a specimen of blood or urine where the lower of the two breath specimens is less than 50mcg/100ml is justified in light of modern testing equipment?

10.1 Whilst modern testing equipment may be more accurate this can only be so if said equipment is calibrated to certain standards. There should not be an presumption that this is the case for every piece of equipment and therefore a driver should still be able to reserve the right to request a blood or urine test.

10.2 If evidence shows that there is a tendency for people to exercise their right to a further test in a disingenuous way to delay testing in the hope of producing a lower BAC level, then road-side testing is essential.

11. Do you consider there to be any legal or procedural barriers to enforcing the current law and / or securing a conviction for driving over the limit? What alternatives or improvements can you suggest?

11.1 When the law has not been enforced correctly or parts of procedures have been incorrectly administered there will be a barrier to enforcement or securing a conviction.

11.2 To improve this situation those enforcing the law should be trained to a high level in the performance of their duties so that the likelihood of challenge to the offence is limited. It is also imperative that those who are being accused of an offence are treated in fair and equal manner in accordance with the law.

The impact of a reduced limit

12. What do you consider the impacts of any lowering of the blood-alcohol limit may be on casualties, other health outcomes, businesses and on the economy more widely?

12.1 In view of the research findings described below and other relevant research AFS believes that by lowering the blood alcohol limit there would be a decrease in the number of road deaths and casualties which impacts on the health outcome for those who may be involved in accidents.

12.2 Research demonstrates that there is a marked deterioration in driving performance between a BAC of 50mg/100ml and 80mg/100ml. The relative crash risk of drivers with a BAC of 50mg/100ml is double that for a person with a zero BAC, and the risk rises to 10 times for a BAC of 80mg/100ml.⁶

⁶ Drinking and Driving Briefing Paper. British Medical Association, December 2008.

12.3 Figures from a Department of Transport consultation 1998, suggested that reducing the limit to 50mg would prevent a higher number of deaths and injuries.⁷ A University College London study has, more recently, suggested that an even higher number of deaths (65 people) and serious injuries (250) would be prevented each year.⁸

12.4 Any reduction in accidents caused by drink driving would have positive economic impacts on families, communities and social services. In terms of business loss of working days, loss of employees would also be reduced.

International comparisons

13. Do you think that the drink drive laws in other countries provide examples of practice that could be adopted in the UK?

13.1 AFS believes that although each country throughout the world has different attitudes, beliefs and cultures in respect of drink driving the good practice and evidence based research that can be cited from these countries could be adopted in the UK.

- ❖ International evidence indicates that lowering the blood alcohol limit, combined with improved enforcement, will consistently reduce problems in the long-term.
- ❖ There are 23 European Union countries with a 50mg or less BAC level. The only other countries in the EU with levels higher than 50mg are the UK, Ireland, Luxembourg and Malta. Ireland and Luxembourg are currently looking at reducing the limit to 50mg.⁹
- ❖ Studies in Sweden, Australia and the USA have consistently found lowering legal blood alcohol limits to produce reductions in the incidence of drink-driving and related crashes. (Ref 6)

⁷ Combating drink driving, Department of Transport Consultation Paper, 1998.

⁸ Reducing the BAC limit to 50mg – what can we expect to gain? Parliamentary Advisory Council for Transport Safety (PACTS). January 2005.

⁹ International Centre for Alcohol Policies. February 2007.